

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM PTO 875

SERIAL NO.

FILING DATE

APPLICANTS

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14	/						64					
15	/						65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24	/						74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46												

BEST AVAILABLE COPY

IND.	5			
TOTAL DEP.				
TOTAL CLAIMS	5			

TOTAL IND.				
TOTAL DEP.				